



State of Delaware

CARDHOLDER AGREEMENT

1. The undersigned parties hereby certify that the applicant is an employee of the referenced organization within the State of Delaware and request that JPMC Bank establish a State of Delaware VISA CARD (SuperCard) account in the name of the employee.
2. **The employee agrees to use this card ONLY for State of Delaware approved purchases and travel and agrees NOT TO CHARGE PERSONAL PURCHASES.**
3. The Division of Accounting and/or the Auditor of Accounts will audit the use of this card and take appropriate action on any discrepancies or misuse. The use of this card to make personal or unauthorized purchases is grounds for discipline up to and including termination of employment in accordance with the State of Delaware Merit Rules and the Delaware Code. The cardholder is personally liable to reimburse the State in the full amount, including any interest or penalty, for any personal or unauthorized purchases in addition to any discipline which may be imposed,
4. If the SuperCard is lost or stolen, the Cardholder must immediately notify JPMC Bank at their Customer Service number: **1-800-270-7760**.

The Cardholder must also notify their Organization Coordinator.

I have read the above agreement and understand the conditions for the use of the State SuperCard.

_____ Employee Signature	_____ Coordinator Signature	_____ Org Authorized Signature
_____ Organization Date	_____ Organization Date	_____ Organization Date
_____ Employee Name (Print)	_____ Coordinator Name (Print)	_____ Authorizer's Name (Print)